

# Residential Treatment Expansion Consortium

## PATIENT INFORMATION

Client Number:\_\_\_\_\_ Application Date:\_\_\_\_\_ Admission Date:\_\_\_\_\_

Referral Source:\_\_\_\_\_ Address:\_\_\_\_\_

Phone:\_\_\_\_\_ Admitting Counselor:\_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street City State Zip Code County

Patient Phone Number:\_\_\_\_\_ Social Security Number:\_\_\_\_\_

Employer:\_\_\_\_\_ Patient Immediate Supervisor:\_\_\_\_\_

Address:\_\_\_\_\_ Phone Number:\_\_\_\_\_

Spouse's Name:\_\_\_\_\_ Social Security Number:\_\_\_\_\_

Employer (Spouse):\_\_\_\_\_ Phone Number (Spouse):\_\_\_\_\_

Primary Source of Income: \_\_\_Wages \_\_\_Public Assistance \_\_\_Disability \_\_\_Retirement \_\_\_Other:\_\_\_\_\_

Annual Gross Income (combined):\_\_\_\_\_ Currently: \_\_\_Employed Full-Time (35 hrs. or more per week)  
\_\_\_Employed Part-time

# Dependents (Including Patient):\_\_\_\_\_ \_\_\_Unemployed/Reasons:\_\_\_\_\_

Birth Date:\_\_\_\_\_ Age:\_\_\_\_\_ Sex: Female\_\_\_ Male\_\_\_

Race & Ethnic Background:\_\_\_\_\_ Tribal Affiliation:\_\_\_\_\_

Years of Education Completed:\_\_\_\_\_ Degree/Certification:\_\_\_\_\_

Type of Referral: \_\_\_Voluntary \_\_\_Forced Voluntary \_\_\_Intervention \_\_\_Court Ordered

Pregnant: \_\_\_Yes \_\_\_No Dependent Children: \_\_\_Yes \_\_\_No # in Household:\_\_\_\_\_

Marital Status: \_\_\_Married \_\_\_Never Married \_\_\_Divorced \_\_\_Separated \_\_\_Life Partner

Homeless: \_\_\_Yes \_\_\_No Veteran: \_\_\_Yes \_\_\_No Religious Preference:\_\_\_\_\_

Has patient been adversely affected by gambling? \_\_\_Yes \_\_\_No

Has patient had previous substance-related treatment admits? \_\_\_Yes \_\_\_No How many (lifetime)?\_\_\_\_\_

Person to Notify in Case of Emergency:\_\_\_\_\_ Relationship to Patient:\_\_\_\_\_

Address:\_\_\_\_\_ Phone:\_\_\_\_\_

Family or Referring Physician:\_\_\_\_\_

Address:\_\_\_\_\_ Phone:\_\_\_\_\_

List any Current Medications:\_\_\_\_\_ Allergies:\_\_\_\_\_

Insurance Carrier/Funding Source:\_\_\_\_\_

Admitting Substance Diagnoses (DSM):\_\_\_\_\_ Admitting Co-Occurring Diagnoses:\_\_\_\_\_